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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005769 (5)**

1. Corporation Name
STAFFPAC, INC.

Principal Place of Business

**2843 E. COLONIAL DR.
ORLANDO FL 32803**

Mailing Address

**1000 N MAGNOLIA AVE
SUITE A
ORLANDO FL 32803-3865
US**

3. Date Incorporated or Qualified
12/27/1993

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 1000 N. Magnolia Ave.

Suite, Apt. #, etc.

22 Suite A

City & State

23 Orlando, FL

Zip

24 32803

Country

25 USA

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29

Country

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**OSTRACH, HERBERT
3713 E. COLONIAL DR.
ORLANDO FL 32803-5119**

10. Name and Address of New Registered Agent

81 Name

Robert R. Herring

82

Street Address (P.O. Box Number is Not Acceptable)

1000 N. Magnolia Avenue

83

Suite A

84

City

Orlando

FL

85

Zip Code

32803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE



Robert R. Herring, Chairman

01/10/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **OSTRACH, HERBERT**
STREET ADDRESS **3713 E. COLONIAL DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ DELETE

NAME **OSTRACH, TERESIA**
STREET ADDRESS **3713 E. COLONIAL DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☐ DELETE

NAME **HERRING, ROBERT**
STREET ADDRESS **1000 N. MAGNOLIA AVE.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **CPD** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**Herring, Robert R.
1000 N. Magnolia Ave - Suite A
Orlando, FL 32803**

4.1 TITLE **TD** ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**Herring, R. Bennett
1000 N. Magnolia Ave - Suite A
Orlando, FL 32803**

5.1 TITLE **SD** ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**Ziegler, Barbara
1000 N. Magnolia Avenue - Suite A
Orlando, FL 32803**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE



Robert R. Herring

1/10/97

407-839-4010

CR2E037 (9/96)